

National Office of Vital Statistics  
**FILED DEC 15 1948**  
Registration District No. **16**

Primary Registration District No. **3026**

Registrar's No. **378**

**1. PLACE OF DEATH:**  
(a) County **Jackson**  
(b) City or town **Independence**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **Pronounced dead upon arrival at Independence Sanitarium**  
(If not in hospital or institution, write street number of residence)  
(d) Length of stay: In hospital or institution **17 years** (Specify whether years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Independence**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **134 E. Waldo**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** **Mr. Harold McCoy Lyday**  
3. (b) If veteran, name war **none** 3. (c) Social Security No. **490 09 0360**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Dec.** day **3** year **1948** hour **8:00** minute **P** M.

4. Sex **male** 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **married**  
6. (b) Name of husband or wife **Mrs. Maude Lyday** 6. (c) Age of husband or wife if alive **48** years  
7. Birth date of deceased **June 22, 1901**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **Jan 26, 1948** to **12-3-48**  
that I last saw him **alive** on **1948** and that death occurred on the date and hour stated above.  
Immediate cause of death **Coronary thrombosis**  
Duration **3 or 4 hrs**

| 8. AGE: | Years     | Months   | Days      | If less than one day |
|---------|-----------|----------|-----------|----------------------|
|         | <b>47</b> | <b>5</b> | <b>11</b> | ..... hr. .... min.  |

Due to **chronic myocarditis**  
Due to  
Other conditions (include pregnancy within 3 months of death)  
Major findings: Of operations  
Of autopsy **9/2/48**

9. Birthplace **Courtney, Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Repairman**

11. Industry or business **Gas Service Co., Independence**

**MOTHER FATHER**  
12. Name **Frank Lyday**  
13. Birthplace **unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Lena Burgus**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Maude Lyday**  
(b) Address **134 E. Waldo, Independence, Mo.**

17. (a) **Burial** (b) Date thereof **12-6-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Salmon River**

18. (a) Signature of funeral director **Geo. C. Carson**  
(b) Address **Independence, Mo.**

19. (a) **12-5-48** (b) **[Signature]**  
(Date received local registrar) (Registrar's signature)

**22. If death was due to external causes, fill in the following:**  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)  
While at work? (e) Means of injury  
**23. Signature** **[Signature]** (M. D. or other)  
Address **Independence, Mo.** Date signed **12-4-48**

**PHYSICIAN**  
Underline the cause of which death should be charged statistically.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 16 1948

MAR 1 1949

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

..... Registered Apprentice No. ....  
working under my personal supervision.

Signed

*R. A. Lisle*

Licensed Embalmer No.

*4123*

P. O. Address

*Independence, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.